Capital Ambition Board

Applying Behavioural Insights – Costed Proposals

Item no: 5

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Summary

This cover report introduces the costed proposals from the Behavioural Insights Team (BIT) as requested by CAB following the presentation of the scoping study reports to the December CAB meeting.

The proposals cover the following areas:

- Improving childhood vaccination uptake in London Borough of Croydon.
- Improving decision-making in children's social care in the three boroughs of: Hammersmith and Fulham, Kensington and Chelsea, and Westminster.
- Improving communications in children's social care in the three boroughs of: Hammersmith and Fulham, Kensington and Chelsea, and Westminster.

Also provided is a progress update on applying behavioural insights to hospital discharge – it has not been possible to develop a costed proposal for further work in this area.

Recommendations

CAB is recommended to:

a) Receive the presentation from the BI team.

b) Support the three projects by awarding grant funding to:

   i. London Borough of Croydon - £59,242

   ii. Royal Borough of Kensington and Chelsea, as lead for the three boroughs - £140,199 and sharing the results of the improving decision making trial with the Cabinet Office

APPLYING BEHAVIOURAL INSIGHTS - COSTED PROPOSALS – COVER REPORT

Background

1. At the July 2016 CAB meeting following an earlier presentation by the Behavioural Insights Team (BIT), CAB agreed to fund two randomised controlled trials, one focused on improving recycling rates, and one on fees or charges – with the London Borough of Croydon taking the lead and providing the support to conduct the trials.

2. In addition CAB agreed to fund up to four scoping studies in more complex areas to determine if there were aspects of service delivery where behavioural science could be successfully trialled to help reduce cost, improve services, or reduce demand. CAB recived these reports at the December 2016 meeting and supported the development of costed proposals in the following areas:
   a. Improving childhood vaccination uptake in Croydon.
   b. Improving decision-making at the front door of children's social services in the three-borough joint service.
   c. Reducing rates of hospital re-admission.

3. CAB had earmarked £200,000 from the uncommitted resource to fund further trials – if the costed proposals are considered valuable. It would be from this allocation that any further work would be funded.

Costed proposals for three projects applying behavioural science

4. As requested CAB are presented with three costed proposals, two in the area of children's services (see paragraphs 13-15 for an update on why there is not a proposal for applying behavioural insights to reducing hospital readmission).

5. The reports provide CAB with: an overview of the approach that will be taken; a high level project plan and timeline; a list of deliverables; the cost; and the team that would be working on the project should it be approved for funding. Below is a very brief summary of each of the proposals.

6. *Improving childhood vaccination uptake in the London borough of Croydon.* This trial would develop new forms of communication to increase the uptake of the MMR vaccination in children in Croydon. Current levels of uptake are well below the national average; a recent measles outbreak has highlighted the public health risk of low levels of vaccination. Only four local authorities in London have an MMR

vaccination rate higher than the England average[1] - therefore the results are likely to be relevant to a large number of London's local authorities.

7. The cost of this trial is £59,242 and is likely to take 12 – 14 months from inception.

8. *Improving decision-making in children's social care in the tri-borough joint service*. This project will be in two parts, one a trial with the 'front door' team creating a feedback loop on decisions, and the second area would be a fieldwork report to help the assessment teams with their decision-making. The end result is intended to support more effective decision–making and improve outcomes for young people which will improve the efficiency and effectiveness of the service, although the level of cost savings have not been estimated for this trial.

9. The cost of this trial is £82,370 and is estimated to take 13 months from inception However, if CAB is willing to share the results of the work on data science/ predictive analytics with the Cabinet Office, they will make a contribution of £5,480, reducing the total cost to £76,890.

10. *Improving communications in children's social care in the tri-borough joint service.* With a focus on two key communications that have the potential to improve outcomes for the most vulnerable. One, to increase the take up of early offers of support to families whose children may, if not helped, require more intensive and expensive intervention; and the second, to increase the recruitment of foster carers in the community. Together these communications can reduce demand; reduce cost; and improve outcomes for children.

11. BIT have discussed the impact of the changes in the working arrangements of the tri-borough with the Director of Children's Services and have taken the view that this should not impact upon the research.

12. The cost of this trial is £63,309 and is estimated to take 12 months from inception.

13. It is anticipated that the three projects can be run concurrently, so if agreed CAB could expect the receive results in the autumn of 2018.

Progress on applying behavioural insights to hospital discharge

14. The BI team have provided a short progress report on the conversations that have taken place to find a sponsor for a trial in using behavioural insights to reduce hospital readmission.

15. Despite significant interest, it has not been possible to find a sponsor so no further development work has been conducted for consideration at this time. The note

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[1] Source: NHS Immunisation Statistics, England, 2015-16, Table 12a: percentage of children immunisaed by their 5th birthday by LA, Column: MMR 1st and 2nd dose.

highlights that over time, as the sustainability and transformation planning moves into implementation the appetite to sponsor and host a trial may emerge.

16. As this is not guaranteed there is no recommendation to reserve any of the earmarked funds – should interest emerge and CAB wish to receive a proposal the funding position at that time will be reported to enable a decision to be made.

Decisions for CAB

17. Each of the three areas of work are independent of the other, so any one or more project can be supported.

18. The total cost of the three areas of work is: £199,441. This is within the earmarked fund of £200,000. However CAB is reminded that should it not wish to share the results of the work on data science/ predictive analytics in the second proposal with the Cabinet Office there is an increased cost of £5,480. CAB is reminded that it has previously funded predictive analytics in the field of safeguarding children and it may be possible to tie these two pieces of intelligence together to create broader understanding of the role of predictive analytics in decision-making.

19. Each project will add to the understanding of how councils can use behavioural insights to reduce costs and improve outcomes. The Capital Ambition team would develop ways to disseminate the learning from the projects to ensure that intelligence is shared and best value derived from any investment.

Financial Implications for London Councils

20. The Director of Resources reports that the total cost of the three projects is £204,821, reducing to £199,441, if the proposal to share the results with the Cabinet Office is agreed resulting in a £5,480 contribution towards these costs. This could then be met from the £200,000 earmarked funding for Behavioural Insights work previously agreed by CAB

Legal Implications for London Councils

21. Should the sub –committee agree to fund the projects as set out in the Report, suitable agreements will be entered into with each of the authorities upon London Councils standard Conditions of Funding for the award of grants.

Equalities implications for London Councils

22.   There are no direct equalities implications for London Councils as a result of this report.

Recommendations

23. CAB is recommended to:

    a. Receive the presentation from the BI team.

    b. Support the three projects by awarding grant funding to:

        i. London Borough of Croydon - £59,242

        ii. Royal Borough of Kensington and Chelsea, as lead for the three boroughs - £140,199 and sharing the results of the improving decision making trial with the Cabinet Office.

THE BEHAVIOURAL INSIGHTS TEAM.

Improving Childhood Vaccination Uptake in Croydon

A proposal from the Behavioural Insights Team

April 2017

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1 Summary

Many previously life-threatening diseases have become significantly less prevalent in the UK as vaccines to protect against them have been developed and used. However, outbreaks of these diseases can occur when not enough people are vaccinated against them. South London has recently witnessed an outbreak of measles, for example, a highly contagious disease which can be effectively prevented through vaccination. This outbreak occurred mostly among teenagers and young adults who had not received the Measles, Mumps, and Rubella (MMR) vaccine as children. To protect everyone in the population (including those that cannot be vaccinated for medical reasons), 95% of the population should receive two doses of the MMR vaccine. However, only 72.9% of children aged 5 in Croydon had received both MMR vaccinations in 2015/2016.[i] This is well below the national rate of 88.2%.[ii]

This document provides a proposal for ways that the Behavioural Insights Team (BIT) could work with Croydon Council on improving the uptake of childhood vaccines. We have focussed on MMR vaccines in this proposal since this has been flagged by Croydon Council as a public health priority. However, on receipt of further data, as well as more in-depth discussions with the council, we may look at exploring vaccines other than MMR.

This proposal builds on insights gained from a scoping document BIT wrote for the London Councils Capital Ambition Board (CAB) on improving public health in Croydon. The intervention would involve communicating with parents of children who have 'missed' one or both of the recommended MMR vaccinations. The communication would be behaviourally informed, using approaches such as highlighting social norms[1] or loss- and gain-framing.[2] We will design a robust evaluation to test the impact of the new approach on vaccination rates, ideally using a randomised controlled trial.

This project will consist of three stages that will serve to maximise the value of this trial for Croydon and for London Councils. These stages will involve:

1) Assessing detailed and up-to-date data on childhood vaccination uptake through the Child Health Information Services (CHIS). After this stage, we will determine whether focusing on MMR or on another vaccine would achieve the greatest impact.

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[1] Using the finding that people are more likely to act a certain way if they perceive that to be what others do or expect.
[2] Whether a choice is framed as a loss (e.g. "1 out of 10 die from this surgery") or as a gain (e.g. "9 out of 10 survive this surgery") influences how people choose.

2) Exploring the specific delivery mechanisms for this vaccine (and where our intervention would be applied).
3) Designing, implementing, and evaluating a behavioural intervention to improve uptake.

More detailed information on the proposed project can be found in the Project Approach section below.

The total project cost is £59,242 plus VAT.

The specific start date and duration of the project will be determined in partnership with Croydon Council. BIT will work with Croydon Council and London Councils to ensure the findings can be effectively communicated and shared across London.

The rest of this document sets out the proposed approach, timescales and a detailed breakdown of costs.

2 The Behavioural Insights Team

The Behavioural Insights Team (BIT) is a unique company. We started life in 2010 inside the Prime Minister's Office in Downing Street, as the world's first government institution dedicated to the application of behavioural sciences. We are now a world-leading consulting firm whose mission is to help organisations in the UK and overseas to apply behavioural insights in support of social purpose goals.

BIT combines a rich understanding of the behavioural sciences with a deep knowledge of specific public policy areas. By applying the necessary pragmatism to make things happen inside a ruling administration, the team has had substantial policy successes in the UK and overseas, including reducing sugar intake to counter obesity, reducing hospital appointment non-attendances, and increasing the number of organ donor registrations.[iii] At the heart of this approach is rigorous testing and trialling that enables us to know which intervention is most effective.

3 Project Background

In July 2016, the London Councils' Capital Ambition Board (CAB) commissioned BIT to conduct a programme of work using behavioural approaches to promote innovation in local government in London. This programme included two randomised controlled trials (RCTs) in Croydon, one focused on improving recycling rates and one on reducing housing benefit overpayments. In addition, BIT developed four scoping documents in more complex areas to assess the potential for behavioural projects in each. These areas were adult social care, children's social care, public health, and hospital discharge.

In December 2016, BIT presented the scoping documents on the first three areas, and recommended that the CAB considers proposals for three projects:

- Improving childhood vaccination uptake in Croydon;
- Improving decision making at the 'front door' of children's social services in the Tri-Borough; and
- Increasing foster carer recruitment in London.

This document is the proposal for the first of these projects, aimed at improving childhood vaccination uptake in Croydon.

4 Project Approach

BIT uses a bespoke methodological approach. It includes four key components as follows, with the weighting of each tailored to the needs of each project:

1	❓	**Target**
2	🌐	Explore
3	✕	Solution
4	▮▮▮	Trial

4.1 Target

The first stage is to define the problem and, importantly, be clear about the measurable outcome that we are aiming to achieve. This is informed by available data sources that can help determine impact. We think carefully about what the specific behaviours are that we would like to encourage, those we would like to

discourage, and how the social impact of these changed behaviours can be measured. In addition, we set timeframes within which we expect to detect an impact.

BIT conducted significant exploratory work on how to improve uptake of MMR vaccines based on the scoping report we wrote for London Councils in 2016. The reported 'cover rate' of the MMR vaccination in Croydon is approximately 73%, which is well below the 95% herd immunity target (and below the England average of 88.2%).[iv] Herd immunity refers to the vaccination rate at which everyone in a population, including those who cannot get vaccinated due to autoimmune diseases and other medical conditions, is effectively protected because the disease cannot spread.

Cover rate data is an aggregate figure reported quarterly by GPs to NHS England. However, our fieldwork suggests that this data is not completely accurate, and that using up-to-date GP data provides a more complete picture. Croydon Council's Public Health team do not currently have access to more up-to-date or detailed (e.g. less aggregate) data. For this reason, this proposal includes the need for a crucial initial data assessment during the Target phase.

If this proposal is accepted, BIT will work with Croydon Council's Public Health team to contact the Child Health Information System (CHIS) and request access to up-to-date GP data for this project. According to initial conversations with a CHIS representative, no approval beyond Croydon Council's will be required for BIT to access this data. If it is, BIT will rely on Croydon Council to secure the required approvals, and will support Croydon in doing so.

The CHIS' 'children actually vaccinated' data provides individual-level records of which vaccines have been administered, and when. Using this dataset, BIT will assess the accuracy of the MMR cover rate data. If the cover rate data proves accurate, and the proportion of children who have received the recommended MMR vaccines is only 73%, the project will focus on MMR vaccine uptake. If this is not the case, BIT will work with Croydon Council's Public Health team to identify whether the impact of focusing on other vaccines (e.g. the influenza vaccine) would be more impactful.

4.2 Explore

The next phase involves in-depth exploration of the service or organisation(s) with which we will work. There are two parts to this – to understand the perspective of the end-user, and to understand the system in which existing interventions relevant to the policy area are delivered.

To do this, we draw on the lessons of 'design-thinking' and ethnography, spending time observing parental behaviour, mapping out contact points between the provider and the children and parents, and interviewing parents, front-line staff and other stakeholders. In addition, we analyse any historic and

cross-sectional data available that provides more information about the problem identified in the Target phase.

Most vaccinations (including MMR vaccinations) are administered by GPs, usually in early childhood. Other vaccinations are delivered through school nurses. For example, the influenza vaccine is administered annually and is provided by school nurses in Croydon in school years 1, 2 and 3. BIT has conducted initial high-level exploratory work of these different providers of vaccines in Croydon. However, during this phase of the project we will examine in greater depth the delivery mechanisms for the vaccine we are focussing on.

This phase will include a review of relevant academic literature, with a focus on interventions that have been applied in contexts similar to the one in Croydon. Vaccination behaviours have been researched extensively in a range of settings. Our intervention will build on the previous research in this field, as well as new findings and insights from the fieldwork we will conduct as part of our Explore phase.

4.3 Solution

The third phase of our work is to design the intervention itself. BIT uses a variety of tools and processes to design behavioural interventions, including:

a. Drawing on the existing evidence base. The BIT library of behavioural effects is a constantly updated resource of the most robust findings from the fields of behavioural economics and experimental psychology;

b. Using MINDSPACE and EAST, two published frameworks developed by BIT to develop new ideas, applications and adaptations to existing policies / processes;

c. Employing the institutional knowledge and experience of BIT. We have conducted more randomised controlled trials in the last three years than the whole of the UK Government combined in its history. These trials cover a broad range of policy areas, and the resulting data and case studies on what has worked elsewhere are a valuable tool when approaching new problems.

The intervention we design for this project will likely entail some form of communication with parents, although the content, design, and medium of this communication is to be confirmed after further exploratory work.

One option would be to work with GPs to change the call-recall system they are currently supposed to use to engage with parents. Call-recall refers to prompting parents with reminders, often by following up the initial phone call with another. Another option might be to send letters or text messages to parents of unvaccinated children, in the name of GPs or school nurses. This would rely on

the messenger effect – the insight that people respond differently to messages depending on who they are coming from.[v]

The content of the letters could incorporate several other behaviourally informed approaches, such as social norms (e.g. "3 out of 4 parents of children your age have vaccinated their child against MMR"). Alternatively, the letters could be used as prompts or reminders (e.g. "Congratulations on your child's 4th birthday, have you considered scheduling an appointment to get them vaccinated against MMR?"). BIT has used these approaches in a range of areas including increasing payment of taxes and fines and increasing organ donation registration.[vi]

4.4 Trial

In the final phase of our methodology, we design a trial to determine the causal impact of the intervention to a high degree of scientific rigour. We then analyse the results, and provide recommendations for future policy. In this project we anticipate running a randomised controlled trial (RCT) or quasi-experimental method to identify whether different behaviourally informed communications with parents can increase the uptake of vaccinations.

Currently, we expect the trial to focus on uptake of MMR vaccines, as this has been flagged by Croydon Council as a public health priority. The focus of the project may change to a different vaccination following the data analysis outlined as part of the Target phase. Any change in focus will be agreed with London Councils and Croydon Council.

5 Project Plan

The table below outlines the key stages of the project.

	Task	Description	Days
Phase 1: **TARGET**		We will not be able to definitively narrow down the exact outcome measure for the trial until we get access to CHIS data. Once we do, we will compare cover rate data with the 'children actually vaccinated' data to assess the up-to-date rate of coverage as well as trends over time. Based on this dataset, we will identify primary and secondary outcome measures to test. The rest of our time at this stage will be spent ensuring that the outcome measures are feasible, and	7.5
1.1	Clarify objectives		
1.2	Define data requirements		

		that we will have access to the data we need in order to robustly analyse our results.	
Phase 2: **EXPLORE**		We will use a combination of field and desk research to understand the context of the project, including: ● Evidence review of the existing literature on encouraging people to take up vaccinations. ● Visits to trial partner settings to identify opportunities and feasibility of interventions. ● Meetings with key stakeholders to identify the feasibility of introducing interventions and to make sure that any changes align with priorities of the trial partner. ● Analysis of data received to date from the trial partners to inform the intervention and evaluation design.	17
2.1	Literature review		
2.2	Field research		
Phase 3: **SOLUTION**		During this stage, we draw on our MINDSPACE[vii] and EAST frameworks[viii] alongside the relevant behavioural science literature. Our Solution will likely focus on encouraging parents to get their child vaccinated with the MMR vaccine, making it easier for them to do so, and reducing barriers to doing so where possible.	22.5
3	Intervention design		
Phase 4: **TRIAL**		We will write a trial protocol which will set out how the interventions will be implemented and evaluated. We will also project manage the roll-out of the interventions. Once the evaluation is complete, our specialist research team will analyse the data in line with the trial protocol and we will draft a trial report which will summarise the headline findings. This phase also includes applying for NHS proportionate ethics approval for the trial.	13
4.1	Power calculations		
4.2	Trial protocol		
4.3	NHS Ethics Review		
4.4	Implementation		
4.5	Data analysis		
Phase 5: **Governance, Reporting & Quality Assurance**		We will prepare a final report which brings together all of our work on the project, including an overview of the project and its findings. We will also deliver a presentation of the project to the CAB, including headline findings.	9.5
5.1	Preparing and delivering final report		

5.2	Preparing and delivering final presentation	Findings will be published by BIT, and we will work with the CAB to ensure that it can share relevant findings across the local government sector in London.	
5.3	Monitoring and QA	Throughout the project, we will apply BIT's internal project oversight and quality assurance procedures.	10
5.4	Project oversight	An internal policy expert who is not part of the project team will be assigned as Quality Assurance (QA) lead to ensure the work is of the highest possible quality. Our Head of Research will oversee our data analysis. When the final report is in the last stages of preparation it will be reviewed by the QA lead, who will have to sign off the work. At this stage, the report will also be shared with Croydon Council for comment. The work is only signed off once all the issues identified during the peer review, and any comments from Croydon Council have been addressed. This ensures our work is of the highest possible standard.	

6 Deliverables

BIT will deliver the following to Croydon and the CAB:

1) An overview of the academic literature on improving vaccination uptake. This literature review will inform our intervention design, and will be delivered before the implementation of the trial.
2) A description of the trial for Croydon to sign off, outlining the proposed evaluation in detail including the intervention to be trialled, implementation plans and a pre-specified evaluation plan. Sign off of this document will ensure that there is agreement on the approach that will be taken as well as the method of evaluation.
3) A final report describing this project. This final report will describe the academic literature on vaccination behaviours, the reasoning behind our intervention and evaluation design, and the findings from our trial. We will also provide recommendations for scaling our intervention more broadly.

7 Timetable

As outlined in the project plan, some of the exploration work for this project has already taken place (see Project Approach section).

Month	1	2	3	4	5	6	7	8	9	10	11	12
Fieldwork	■	■										
Review of literature		■	■									
Design trial			■	■								
NHS Proportionate Ethics					■							
Run trial[3]						■	■	■	■			
Analyse findings										■		
Write up final report										■		
Comments from partners											■	
QA											■	
Provide final report to partners												■
Present to the Capital Ambition Board												■

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[3] Depending on the chosen design of the trial, the project may need to run for longer than 4 months.

8 Contract charges

Job title	Day rate	No. days	Total cost
Managing Director	£1,143	2	£2,286
Principal Advisor	£881	4.5	£3,965
Head of Research	£881	0.5	£441
Senior Advisor	£881	17	£14,977
Advisor	£677	19.5	£13,202
Associate Advisor	£677	29	£19,633
Associate Advisor (Research)	£677	7	£4,739
		79.5	£59,242

9 Project Team

Michael Hallsworth – Director of CHEER[4] cluster

Michael is Director of Health and Tax at the Behavioural Insights Team. He has worked on health policy issues with the Department of Health, NHS England, Public Health England, the European Commission, and the World Economic Forum. He was previously a Senior Policy Advisor at the Cabinet Office and, while at HMRC, he won a Civil Service Award for running large-scale randomised controlled trials applying behavioural economics to increase tax collection. When at the Institute for Government he co-wrote the MINDSPACE report, which is one of the main frameworks used by the UK government to apply behavioural thinking to public policy. He has a PhD in behavioural economics from Imperial College London, and a First Class MA and MPhil from the University of Cambridge. He has been published in *The Lancet,* the *Journal of Public Economics*, the *Journal of Economic Psychology,* the *Journal of Health Systems Research and Theory*, the *Oxford Review of Economic Policy* and *PLOS One.*

Hugo Harper – Principal Advisor

Hugo is a Principal Advisor at BIT with a focus on health policy. As well as working closely with the Department of Health and Public Health England in the UK, he has spent time in both Singapore and Australia developing the adoption of a more behavioural approach to policy implementation. Hugo holds an MSc, with distinction, in Behavioural and Economic Sciences from the University of Warwick, as well as a BA in Psychology and Physiology from Oxford University. Before joining the team Hugo worked for Q5 Consultants.

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[4] Communities, Health, Employment, Equality, and Revenue

Michael Sanders – Head of Research and Evaluation

Michael Sanders' team supports BIT's policy work through the design and analysis of randomised controlled trials, as well as the use of quasi-experimental methods and data science. He has overseen all of the evaluation work conducted by BIT in the last 3 years, giving him experience from over 250 evaluations from simple RCTs to complex econometric modelling. He sits on, and formerly chaired, the Cross Government Trial Advisory Panel. Michael is an Associate Fellow of the Blavatnik School of Government, where he teaches Behavioural Science and Policy. He is an affiliate of the Harvard Behavioural Insights Group, and in the 2016-17 academic year will also be teaching field experimental design at the University of Bristol.

Tim Pearse – Senior Advisor - Head of Local Government

Tim Pearse is a Senior Advisor and leads BIT's work with local government. Prior to joining BIT he worked as a Senior Strategy Adviser on public service reform in the Cabinet Office including on social investment and payment by results. This included working across central and local government to set up multi-million pound programmes to pilot innovative approaches with hard to reach groups such as young homeless people and children in care. Prior to that he held posts at the Home Office both as an economist and in policy. He holds an MSc in economics from University College London.

Victoria Fussey - Advisor

Victoria is an Advisor at BIT working on local government and health projects. Victoria holds a Master's Degree in Public Health from King's College London and a BSc in Psychology from the University of Leeds. Prior to joining BIT, Victoria worked at the Department for International Development on health services in developing countries, including on the delivery of vaccinations, and at the Department of Health on the development and implementation of tobacco and e-cigarette policy.

Pieter Cornel – Associate Advisor

Pieter is an Associate Advisor working in the local government team within the CHEER cluster. He has worked on projects related to public health, including obesity prevention and vaccination uptake, as well as recycling behaviours, children's social care, and adult social care. Pieter holds an MSc in Media and Communication from the London School of Economics, and a BA in International Relations and Philosophy from Claremont McKenna College in Claremont, California.

10 Endnotes

[i] NHS England (2016). *Child Immunisation*. Retrieved from:
https://www.england.nhs.uk/statistics/statistical-work-areas/child-immunisation/
[ii] http://content.digital.nhs.uk/catalogue/PUB21651/nhs-imms-stat-eng-2015-16-rep.pdf
[iii] See Behavioural Insights Team (2014). *EAST: Four simple ways to apply behavioural insights*. Retrieved from: http://www.behaviouralinsights.co.uk/publications/east-four-simple-ways-to-apply-behavioural-insights/
[iv] http://content.digital.nhs.uk/catalogue/PUB21651/nhs-imms-stat-eng-2015-16-rep.pdf
[v] Cabinet Office & Institute for Government (2010). *MINDSPACE*. Retrieved from:
http://www.behaviouralinsights.co.uk/publications/mindspace/
[vi] Behavioural Insights Team (2014). *EAST: Four simple ways to apply behavioural insights*. Retrieved from:
http://www.behaviouralinsights.co.uk/publications/east-four-simple-ways-to-apply-behavioural-insights/
[vii] Cabinet Office & Institute for Government (2010). *MINDSPACE*. Retrieved from:
http://www.behaviouralinsights.co.uk/publications/mindspace/
[viii] Behavioural Insights Team (2014). *EAST: Four simple ways to apply behavioural insights*. Retrieved from: http://www.behaviouralinsights.co.uk/publications/east-four-simple-ways-to-apply-behavioural-insights/

THE BEHAVIOURAL INSIGHTS TEAM

Improving Decision-Making in Children's Social Care in the Tri-Borough

A proposal from the Behavioural Insights Team

April 2017

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1 Summary

One of the most important responsibilities of local authorities is safeguarding society's vulnerable children. Pressures on children's social care teams across the country are increasing, as the number of Child Protection Plans and Looked After Children has risen in every year since 2010.[1] Over the same time period, local authorities' budgets have been cut by 26%.[2] As a result children's social care teams have been searching for ways to become as effective as possible.

Enabling social workers to make effective decisions is a critical part of this. When a child is referred to local authorities' social care, there is a process of identification and assessment to ensure the child is safe and continues to be. Previous BIT work has focused on decision-making in the 'front door' of services – the point where cases enter the system. In the front door teams, staff and social workers have to review each case that is referred into the system to determine if it requires further action, and if so how urgently. Cases that require further action are then progressed to an assessment team. Assessment team social workers conduct a more comprehensive assessment to determine which cases require a Child in Need plan or a Child Protection Plan.

Building on previous research we have done on social worker decision-making,[3] **BIT propose working with the Tri-Borough on a project to support decision-making in children's social care teams.**

The social workers in these teams have to make highly consequential decisions every day while under time pressure, and with limited information. Behavioural science has shown that such conditions impinge on people's decision-making ability.[4] It also offers ways of helping people with limited time and information to make the best decisions they can. This proposal details how these approaches could be applied to the children's social care team in the Tri-Borough.

Specifically, this project will involve two strands of work. The first will be with the front door team. BIT will conduct a trial to test a behaviourally informed intervention aimed at supporting social worker decision-making, for example by providing decision aids or providing staff with feedback on the outcome of their decisions. The second will be with the assessment team where the volume of decisions is lower making a trial more difficult. Here BIT will produce a short fieldwork report focused on how decision-making can be supported.

It should be noted that on March 27th, 2017, the Tri-Borough announced that certain service sharing arrangements will likely be withdrawn. We have discussed this development with the interim director of Children's Services across the Tri-Borough, and do not believe this impact our ability to deliver this work.

The total project cost is £76,890 plus VAT. The specific start date and duration of the project will be determined in partnership with the Tri-Borough. BIT will work with the Tri-Borough and London Councils to ensure the findings can be effectively communicated and shared across London. The rest of this document sets out the proposed approach, timescales, and a detailed breakdown of costs.

2 The Behavioural Insights Team

The Behavioural Insights Team (BIT) is a unique company. We started life in 2010 inside the Prime Minister's Office in Downing Street, as the world's first government institution dedicated to the application of behavioural sciences. We are now a world-leading consulting firm whose mission is to help organisations in the UK and overseas to apply behavioural insights in support of social purpose goals.

BIT combines a rich understanding of the behavioural sciences with a deep knowledge of specific public policy areas. By applying the necessary pragmatism to make things happen inside a ruling administration, the team has had substantial policy successes in the UK and overseas, including reducing absenteeism in further education colleges, reducing hospital appointment non-attendances, and increasing the number of organ donor registrations.[5] At the heart of this approach is rigorous testing and trialling that enables us to know which intervention is most effective.

3 Project Background

In July 2016, the London Councils Capital Ambition Board (CAB) commissioned BIT to conduct a programme of work to test behavioural insights across London. This programme included two randomised controlled trials (RCTs) in Croydon, and four scoping documents in more complex areas to assess the potential for behavioural projects in each. One of these was children's social care where we had worked with the Tri-Borough. In December 2016, we presented this work and recommended that the CAB consider proposals for children's social worker decision-making and enhancing secondary services. This document is a proposal for the first of these.

4 Project Approach

A fundamental finding in the behavioural science literature is that people have limited cognitive capacity. This means that when our minds are occupied we are more likely to make suboptimal decisions.[6] One way that our minds deal with this is by using mental shortcuts and intuition which allow us to go through our daily

lives without having to think deeply about everything we do. However, these approaches can also lead to certain behavioural biases in our decision-making.[7]

These biases occur in many professions,[8] and previous BIT research for the Department for Education (DfE) suggests they also occur at the point children are referred to local care services – the so called 'front door' of children's services.[9] Over 20% of children in England are referred to the front door of services by the time they are 5,[10] and social workers are required to decide which cases require further attention and which do not. These decisions have significant impacts on children and their families.

The research identified four key behavioural factors may complicate or reduce the efficiency of decision-making at the front door:[7]

1. Time and workload pressures increase the reliance upon social workers' intuition to make decisions;
2. A range of behavioural biases affect social workers' ability to make objective judgements on whether a case requires further assessment and action, or not;
3. The fact that many sequential decisions have to be made through the course of a single day engenders depletion or 'decision fatigue';[11] and
4. Social workers receive high volumes of information but it is often of relatively low quality.
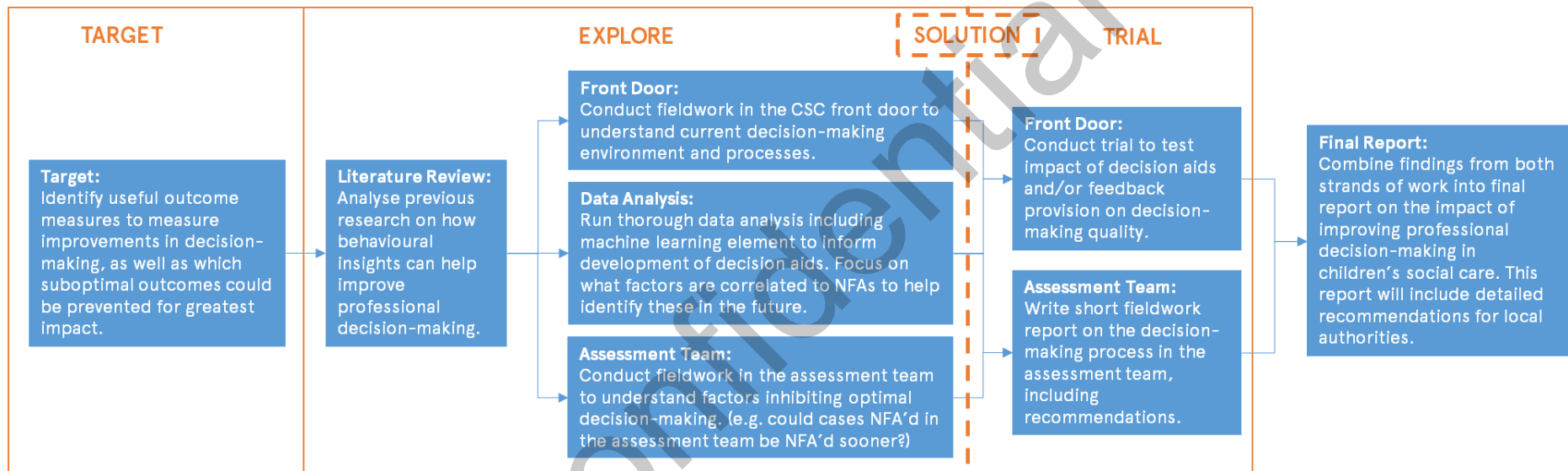
While our research for DfE focused on the 'front door' of services, there is likely to be significant overlap with decision-making in the services' assessment team. Officers in the Tri-Borough were keen that the work included consideration of the assessment teams as well as the front door of services.

BIT and Tri-Borough therefore propose a project which considers social worker decision-making at the front door of services and in the assessment teams. The first stage of this will be a joint explore phase of both areas. Following this we will make a recommendation which we will aim to test in the front door team because the numbers of children are higher which makes robust measurement possible. For the assessment team we will make a recommendation or set of recommendations but we are not suggesting testing this in this proposal. This is because the volume of children that go through this team is lower and the time before decisions are made is longer, meaning that any trial would have to run for a much longer time. More detail on our project approach is given below.

It should be noted that on March 27th, 2017, the Tri-Borough announced that certain service sharing arrangements will likely be withdrawn. We have discussed this development with the interim Director of Children's Services across the Tri-Borough, and do not believe this impact this work.

THE BEHAVIOURAL INSIGHTS TEAM.

5 Project Overview

This project focuses on a singular behavioural intervention – improving decision-making – in two different parts of the children's social care system. Several parts of BIT's project approach (which we describe further in the Methodology section, below) can be combined to reduce the relative cost of each. The below chart provides an overview of the project:

| TARGET | EXPLORE | SOLUTION | TRIAL |

Target:
Identify useful outcome measures to measure improvements in decision-making, as well as which suboptimal outcomes could be prevented for greatest impact.

Literature Review:
Analyse previous research on how behavioural insights can help improve professional decision-making.

Front Door:
Conduct fieldwork in the CSC front door to understand current decision-making environment and processes.

Data Analysis:
Run thorough data analysis including machine learning element to inform development of decision aids. Focus on what factors are correlated to NFAs to help identify these in the future.

Assessment Team:
Conduct fieldwork in the assessment team to understand factors inhibiting optimal decision-making. (e.g. could cases NFA'd in the assessment team be NFA'd sooner?)

Front Door:
Conduct trial to test impact of decision aids and/or feedback provision on decision-making quality.

Assessment Team:
Write short fieldwork report on the decision-making process in the assessment team, including recommendations.

Final Report:
Combine findings from both strands of work into final report on the impact of improving professional decision-making in children's social care. This report will include detailed recommendations for local authorities.

6 Methodology

The Behavioural Insights Team uses a bespoke methodological approach. It includes four key components as follows, with the weighting of each tailored to the needs of each project:

1	❓	**Target**
2	🌍	**Explore**
3	⚒	**Solution**
4	‖ıl	**Trial**

For this project we will do Target and Explore for both teams. We will then develop a set of recommendations for the assessment team. For the front door team front door team we will move to Solution and Trial.

6.1 Target *(both teams)*

The first stage is to define the problem and, importantly, be clear about the outcome that we are aiming to achieve. This is informed by available data sources that can help determine impact. We think carefully about what the specific behaviours are that we would like to encourage, those we would like to discourage, and how the social impact of these changed behaviours can be measured.

Through the scoping work we have done with the Tri-Borough, we have started to develop useful target behaviours and measurements. Specifically, we will consider how best to measure improvements in social worker decision-making. One major challenge in children's social care is that it is not clear what constitutes a good outcome. An increase in cases could mean that people refer cases frivolously, but it could also mean that we have become better at identifying problematic situations. Fewer children being placed into care could mean that there are fewer children at risk of harm, but could also be the result of over referrals.

The outcome measures we use should serve as good proxies for improvements while allowing us to limit increases in risk. For example, while we have not decided on a final outcome measure yet we believe that consistency of decision-

making warrants further investigation. Research has shown wide discrepancies in decision-making consistency even in areas with relatively defined parameters such as criminal judges.[12] It is possible to measure consistency in decision-making and often to control for other factors to ensure this has not increased risk. Similarly, it would save social workers time and energy if we can help them identify that cases that receive No Further Action (NFA) earlier in the process (e.g. in the front door rather than at the assessment stage).

6.2 Explore *(both teams)*

The next phase involves in-depth exploration of the service(s) or organisation(s) with which we will work. There are two parts to this – to understand the perspective of the end-user, and to understand the system in which interventions will be delivered.

To do this, we draw on the lessons of 'design-thinking' and qualitative research, spending time observing end-user behaviour, mapping out contact points between the provider and the user, and interviewing front-line staff and other stakeholders. In addition, we analyse any historic and cross-sectional data available that describes the problem identified in the Target phase.

The Explore phase of this project will include a review of relevant academic literature, as well as further fieldwork and research into the specific context in the Tri-Borough. In our literature review we will combine the academic research on professional decision-making, and the barriers professionals face. For example, Nobel laureate Daniel Kahneman has looked at "noise", or random variability, in decisions made in financial sector organisations.[13] He finds that by providing professionals with useful feedback, a lot of this noise can be eliminated.

After conducting the literature review covering decision-making support that will apply to both strands of work, we will conduct fieldwork in the front door team and the assessment team separately. This will include interviews with managers and social workers in each team as well as observations of how work is done on a day-to-day basis.

As the staff in the front door of services deal with many more decisions, and the deadlines of these decisions are much shorter, we will aim to test a behavioural intervention in that team (see Solution and Trial sections below). In the assessment team, there are fewer cases and each case is held for much longer as social workers gather information before making a decision. We are therefore not suggesting a trial in the assessment team, as it would have to run for a lot longer than a trial in the front door team. Findings in the front door, however, can serve as an evidence base for future trials in the assessment team.

Instead of a trial in the assessment team, we will deliver a fieldwork report containing recommendations for future interventions, with particular attention to the similarities and differences between decision-making processes in the two teams.

6.3 Data Science

Alongside the Explore phase we will test a machine learning approach to analysing 5 years of historic referral data and case notes. We will aim to develop a predictive model of risk. This model will seek to find factors that are associated with cases receiving NFA. If this model finds factors which predict the chance of a case being NFA'd we will aim to create a decision aid for social workers. This could, for example, consist of a prompt social workers receive when they refer cases to the assessment team that are likely to receive an NFA.

BIT is involved in an ongoing partnership with the Cabinet Office which includes budget for innovative applications of data science. Under this partnership, the Cabinet Office will support data science such as the predictive analytics approach outlined above. This means that only half of the cost of the predictive analytics work is included in this proposal. The other half would be funded by the Cabinet Office. This funding would require that the approach and findings be shared with the Cabinet Office once completed. The Cabinet Office will not receive personalised and/or identifiable data, and the exact format in which the findings are shared will be agreed upon with the Tri-Borough. If the CAB and/or the Tri-Borough cannot agree to this, the total cost of the project would increase by £5,480 to £82,370 plus VAT.

6.4 Solution *(front door team only)*

The third phase is to design the intervention in the front door team. BIT uses a variety of tools and processes to design behavioural interventions, including:

a. Drawing on the existing evidence base. The BIT library of behavioural findings is a constantly updated resource of the most robust results from the fields of behavioural economics and experimental psychology;

b. Using MINDSPACE and EAST, two published frameworks developed based on the work of BIT to identify new ideas, applications and adaptations to existing policies/processes;

c. Employing the institutional knowledge and experience of the Behavioural Insights Team. We have conducted more randomised controlled trials in the last three years than the whole of the UK Government combined in its history. These trials cover a broad range of policy areas, and the resulting data and case studies on what has worked elsewhere are a valuable tool when approaching new problems.

BIT believe that, like other professions, front door social workers would benefit from being provided performance-based feedback. Feedback is crucial in learning processes, and without receiving feedback people may not be aware that their behaviour is suboptimal. Currently, feedback provision in the front door teams is relatively informal and unstructured. This is a function of the system's structure, as front door staff are not aware of what happens to cases they have handled (unless these cases re-enter the system)[1]. We will consider the provision of timely performance-based feedback during our Solution phase.

Our solution will depend on the fieldwork, literature review and predictive analytics work (see Explore section). If the predictive analytics work finds factors that are strongly associated with being NFA'd we may use these to build a decision aid for social workers. If it does not we will pursue an alternative option such as providing social workers feedback on cases they referred but were NFA'd.

We will work in collaboration with the front door team to develop the intervention, to ensure that it is applicable to their work and not overly burdensome.

6.5 Trial *(front door team only)*

In the final phase of our methodology, we design a trial to determine the causal impact of the intervention to a high degree of scientific rigour. We then analyse the results and provide recommendations for future policy.

We propose running a trial to improve decision-making in the front door of services. We will pursue the most rigorous evaluation method feasible, and our ideal approach would be to conduct a randomised controlled trial (RCT). However, it may not be possible to run an RCT because of the numbers of cases coming into the front door, the number of social workers or the way that cases are allocated to social workers. If we find that this is the case we will consider a difference-in-difference analysis. This method of evaluation compares the area with the intervention to other areas that have similar trends.

The difference-in-difference approach would work under the assumption that we can identify councils similar to the ones in the Tri-Borough that would be willing to share their data. The Tri-Borough is part of the West London Alliance, which can help us contact other Councils. In addition, the CAB may be able to support this project by connecting London Councils members to this project.

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[1] This does not apply in Kensington and Chelsea where social workers stay with cases from front door through to assessment and beyond.

If we cannot run an RCT and we are unable to satisfy the assumptions on which a difference-in-difference analysis is based, we will pursue other quasi-experimental methods. This would result in a slightly less robust outcome, but can still serve as critical early evidence in a space where rigorous evaluation is sparse.

7 Project Plan

The table below outlines the key stages of the project.

Task		Description	Days
Phase 1: **TARGET**		BIT and the Tri-Borough are in agreement on the target behaviour – supporting social worker decision-making. We have identified several potential outcome measures that could be used to evaluate the effect of our intervention, for example the rate of NFA in the assessment team and the rate of re-referrals. We will work with the Tri-Borough find additional outcome measures and narrow down on the most useful ones.	5
1.1	Clarify objectives		
1.2	Define data requirements		
		Our time at this stage will also be spent ensuring that these outcome measures are feasible, and that we will have access to the data we need to robustly analyse our results. Once data access is secured, we will also assess whether there are additional outcome measures we could use.	
Phase 2: **EXPLORE**		We will conduct a combination of field and desk research to understand the context of the project, including: ● Evidence review of the existing literature on professional decision-making, and the lessons for it from behavioural science. ● Visits to trial partner settings to identify opportunities and feasibility of interventions. This will include visits to the front door and assessment teams, during which we will aim to observation current practive and interview social workers.	28
2.1	Literature review		
2.2	Field research		

		- Meetings with key stakeholders to identify the feasibility of introducing interventions and to make sure that any changes align with priorities of the Tri-Borough and London Councils. - Analysis of currently held data from the trial partners to inform the intervention and evaluation design.	
2.3	Assessment team fieldwork report	We will write a fieldwork report on decision-making in the assessment team, which will be delivered alongside the final report. This fieldwork report will include detailed recommendations on how decision-making in the assessment team might be improved.	9
2.4	Predictive analytics	We will use a machine-learning approach to analysing the Tri-Borough's historic data. Outcomes of this analysis will be used to build a predictive model. If we can develop a model with enough predictive power, this may inform our intervention in the form of a decision aid.	8
Phase 3: **SOLUTION**		During this stage, we draw on our MINDSPACE[14] and EAST frameworks[15] alongside the relevant behavioural science literature. This will focus on improving professional decision-making, specifically in children's social care. We will also work closely with the front door team during this iterative process to ensure the intervention is applicable to their work and not overly burdensome. The intervention we develop will be tested in the front door during Phase 4: Trial.	12
3	Intervention design		
Phase 4: **TRIAL**		We will write a trial/evaluation protocol for the trial at the front door, which will set out how the interventions will be implemented and evaluated. We will also project manage the roll-out of the interventions. Once the evaluation is complete our specialist research team will analyse the data in line with the trial protocol and we will draft a trial report which will summarise the headline findings.	23
4.1	Power calculations		
4.2	Trial protocol		
4.3	Implementation		
4.4	Data analysis		

		BIT will follow its internal ethical approval process, as well as the Tri-Borough's ethical clearance process.	
Phase 5: Governance, Reporting & Quality Assurance		We will prepare a final report bringing together all our work on the project, including the findings from the front door trial and the fieldwork report on the assessment team. We will also deliver a presentation of the projects to the CAB, including headline findings. Findings will be published by BIT, and BIT will work with the CAB to ensure the CAB can share relevant findings across the local government sector in London.	9.5
5.1	Preparing and delivering final report		
5.3	Monitoring and QA	Throughout the project, we will apply BIT's internal project oversight and quality assurance procedures. An internal policy expert who is not part of the project team will be assigned as Quality Assurance (QA) lead to ensure the quality and rigour of the project, while our Head of Research will oversee our data analysis. When the final report is in the final stage of preparation it will be reviewed by the QA lead, who will have to sign off the work. At this stage, the report will also be shared with Tri-Borough for comment. The work is only signed off once all the issues identified during the QA review, and any comments from the Tri-Borough have been addressed. This ensures our work is of the highest possible standard.	6.5
5.4	Project oversight		

8 Deliverables

BIT will deliver the following to the Tri-Borough and the CAB:

1) An overview of the academic literature on professional decision-making in children's services. This literature review will inform our intervention design, and will be delivered before the implementation of the trial.
2) A short fieldwork report on decision-making in the assessment team. It will provide high level advice on how decision-making in the assessment team can be improved, and will assess the similarities and differences between the decision-making processes in the respective teams. Insights on these similarities and differences will inform our recommendations in the final report, as they will allow us to determine whether a similar intervention as we use in our trial might work in the assessment team.
3) A predictive model for assessing risk from referral notes and case notes. BIT will share the model with the Tri-Borough, but will only use it to inform the intervention if it has sufficient predictive power. BIT will discuss with the CAB and the Tri-Borough which format this deliverable should take for it to be of the most use.
4) A description of the trial for the Tri-Borough to sign off, outlining the proposed evaluation in detail including the intervention to be trialled, implementation plans and a pre-specified evaluation plan. Sign off of this document will ensure that there is agreement on the approach that will be taken as well as the method of evaluation.
5) A final report describing this project, including the fieldwork and intervention design in the front door and the findings from the trial. This final report will conclude with a list of recommendations for improving children's social care decision-making more broadly, with a particular focus on how the findings from this project can be applied in other authorities.

9 Timetable

The start date of this project will be set in agreement with the Tri-Borough and the CAB

Month	1	2	3	4	5	6	7	8	9	10	11	12	13
Fieldwork *Both projects*	■	■											
Review of literature *Both projects*	■	■											
Analysis of historic data *Testing a predictive model*		■	■	■									
Design trial *Front door*			■	■									
Implement trial[2] *Front door*					■								
Run trial[3] *Front door*						■	■	■	■	■			
Fieldwork Report *Assessment team*								■	■	■			
Analyse findings *Front door*											■		
Write up final report *Both projects*											■		
QA *Both projects*												■	
Comments from partners *Both projects*												■	
Provide final report to partners *Both projects*													■
Present to the Capital Ambition Board *Both projects*													■

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[2] If we need to go through extensive external ethical clearance to implement this trial, this would delay our implementation slightly.

[3] Depending on the chosen design of the trial, it may need to run for longer than 5 months.

10 Contract charges[4]

Job title	Day rate	No. days	Total cost[5]
Managing Director	£1,846	1	£1,846
Head of Research	£881	2	£1,762
Principal Advisor	£881	6	£5,286
Head of Data Science	£881	7	£6,167
Head of Local Government	£881	21	£18,501
Advisor (Data Science)	£677	4	£2,708
Advisor	£677	17	£11,509
Associate Advisor	£677	43	£29,111
		101	£76,890

11 Personnel

11.1 Project Team

Michael Hallsworth – Managing Director – CHEER[6] cluster

Michael is Director of Health and Tax at the Behavioural Insights Team. He has worked on health policy issues with the Department of Health, NHS England, Public Health England, the European Commission, and the World Economic Forum. He was previously a Senior Policy Advisor at the Cabinet Office and, while at HMRC, he won a Civil Service Award for running large-scale randomised controlled trials applying behavioural economics to increase tax collection. When at the Institute for Government he co-wrote the MINDSPACE report, which is one of the main frameworks used by the UK government to apply behavioural thinking to public policy. He has a PhD in behavioural economics from Imperial College London, and a First Class MA and MPhil from the University of Cambridge. He has been published in *The Lancet,* the *Journal of Public Economics*, the *Journal of Economic Psychology,* the *Journal of Health Systems Research and Theory*, the *Oxford Review of Economic Policy* and *PLOS One*.

Tim Pearse – Senior Advisor – Head of Local Government

Tim Pearse is a Senior Advisor and leads BIT's work with local government. Prior to joining BIT he worked as a Senior Strategy Adviser on public service reform in the

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[4] These charges reflect the cost of the project if the data science findings can be shared with the Cabinet Office, which would in turn share in the costs through BIT's ongoing data science collaboration. If this is not possible, the cost would increase by £5,480 to £82,370 plus VAT.
[5] Not including VAT
[6] Communities, Health, Employment, Equality, and Revenue

Cabinet Office including on social investment and payment by results. This included working across central and local government to set up multi-million pound programmes to pilot innovative approaches with hard to reach groups such as young homeless people and children in care. Prior to that he held posts at the Home Office both as an economist and in policy. He holds an MSc in economics from University College London.

Andy Hollingsworth – Senior Advisor – BIT North

Andy is a Senior Advisor in BIT UK:North, based in Manchester. He works on a range of projects across local public services, focusing on the areas of skills and economic development, adult social care, and children's services. Prior to joining BIT, Andy worked in local government, most recently as Senior Policy Advisor at the Society of Local Authority Chief Executive (Solace). He studied Mathematics and Philosophy at the University of Bristol.

Pieter Cornel – Associate Advisor

Pieter is an Associate Advisor working in the local government team within the CHEER cluster. He has worked on projects related to public health, including obesity prevention and vaccination uptake, as well as recycling behaviours, children's social care, and adult social care. Pieter holds an MSc in Media and Communication from the London School of Economics, and a BA in International Relations and Philosophy from Claremont McKenna College in Claremont, California.

11.2 Research

Michael Sanders – Head of Research and Evaluation

Michael Sanders is the Head of Research at the Behavioural Insights Team. His team supports the Behavioural Insights Team's evaluation capabilities, in particular the use of randomised controlled trials to test public policy interventions. Michael has extensive experience, having run over 150 field trials whilst working with the team, across a diverse range of policy areas. Michael holds an MSc in Economics and Public Policy, and a PhD in Economics, both from the University of Bristol, and completed postdoctoral studies at Harvard's Kennedy School of Government. He is currently an Associate Fellow at Oxford's Blavatnik School of Government, where he lectures in Behavioural Science and Policy.

James Lawrence – Senior Advisor – Head of Data Science

James is the Head of Data Science within BIT's Research and Evaluation team. Before joining BIT, James worked as a statistical consultant for RSA insurance UK, applying machine learning techniques to predict customer behaviour. He has also conducted and published statistical ecology research into the population dynamics of North

American wildlife, using statistical simulation techniques. James holds a MMath and BA from the University of Cambridge. In his master's thesis, he examined the effects of measurement error on classification problems.

Daniel Gibbons – Advisor (Data Science)

Daniel is an Advisor on the Research team and focuses on data science including predictive models, policy evaluation, and cost-benefit analysis. This work occurs primarily in health, crime and education applications. Prior to BIT, Daniel worked for Synergies Economics Consulting, a Brisbane-based firm specialising in infrastructure and competition economics as well as teaching university courses and as a private statistical consultant for two Australian medical practices. Daniel holds a Master's degree in Economics from the University of Cambridge, and in Mathematics from the University of Queensland.

Martin Sweeney - Advisor

Martin Sweeney is an Advisor on the Research & Evaluation Team. He works on trial design, data cleaning, data analysis, and results reporting for projects that require more advanced research support. Martin's work spans multiple policy areas, including revenue collection, policing, and take-up of government services. Before joining BIT in London, Martin worked at the BIT North America office, where he developed behavioural interventions and designed and analysed randomised evaluations for six US cities. Martin has also worked in international development as an analyst at Innovations for Poverty Action, where he managed and analysed survey and administrative data for randomised controlled trials led by Professor Dean Karlan (Yale University). Martin holds a BA with honours from Middlebury College with majors in Economics and Environmental Studies.

11.3 Quality Assurance

Hugo Harper – Principal Advisor

Hugo is a Principal Advisor in the Behavioural Insights Team with a focus on health policy. As well as working closely with the Department of Health and Public Health England in the UK he has spent time in both Singapore and Australia developing the adoption of a more behavioural approach to policy implementation. Hugo holds an MSc, with distinction, in Behavioural and Economic Sciences from the University of Warwick, as well as a BA in Psychology and Physiology from Oxford University. Before joining the team Hugo worked for Q5 Consultants.

12 Endnotes

[1] Department for Education (2015). *Characteristics of children in need: 2014 to 2015*. Retrieved from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/469737/SFR41-2015_Text.pdf

[2] Smith, N., Phillips, D., Simpson, P., Eiser, D., Trickey, M. & Payne, J. (2016). *A time of revolution? British local government finance in the 2010s*. London: Institute for Fiscal Studies.

[3] Kirkman, E., & Melrose, K. (2014). Clinical Judgement and Decision-Making in Children's Social Work: An analysis of the 'front door' system. Retrieved from: http://www.behaviouralinsights.co.uk/publications/clinical-judgement-and-decision-making-in-childrens-social-work-an-analysis-of-the-front-door-system/; Behavioural Insights Team (2016). Decision-making in children's social care: quantitative anlaysis. Retrieved from: http://www.behaviouralinsights.co.uk/publications/decision-making-in-childrens-social-care-quantitative-analysis/

[4] Kirkman, E., & Melrose, K. (2014). Clinical Judgement and Decision-Making in Children's Social Work: An analysis of the 'front door' system. Retrieved from: http://www.behaviouralinsights.co.uk/publications/clinical-judgement-and-decision-making-in-childrens-social-work-an-analysis-of-the-front-door-system/

[5] Behavioural Insights Team (2014). *EAST: Four simple ways to apply behavioural insights*. Retrieved from: http://www.behaviouralinsights.co.uk/publications/east-four-simple-ways-to-apply-behavioural-insights/

[6] Sweller, J. (1988). Cognitive load during problem solving: Effects on learning. *Cognitive science*, *12*(2), 257–285.

[7] Kahneman, D. (2011). *Thinking, fast and slow*. Macmillan.

[8] Arnold, V., Collier, P. A., Leech, S. A., & Sutton, S. G. (2000). The effect of experience and complexity on order and recency bias in decision-making by professional accountants. *Accounting & Finance*, *40*(2), 109–134; Kumar, S., & Goyal, N. (2015). Behavioural biases in investment decision-making–a systematic literature review. *Qualitative Research in financial markets*, *7*(1), 88-108.

[9] Kirkman, E., & Melrose, K. (2014). Clinical Judgement and Decision-Making in Children's Social Work: An analysis of the 'front door' system. Retrieved from: http://www.behaviouralinsights.co.uk/publications/clinical-judgement-and-decision-making-in-childrens-social-work-an-analysis-of-the-front-door-system/

[10] Bilson, A., Martin, K. (2016). Referrals and Child Protection in England: One in Five Children Referred to Children's Services and One in Nineteen Investigated before the Age of Five. Retrieved from: https://academic.oup.com/bjsw/article-abstract/doi/10.1093/bjsw/bcw054/2622314/Referrals-and-Child-Protection-in-England-One-in?redirectedFrom=fulltext

[11] Danziger, S., Levav, J., & Avnaim-Pesso, L. (2011). Extraneous factors in judicial decisions. *Proceedings of the National Academy of Sciences*, *108*(17), 6889-6892.

[12] Anderson, J. M., Kling, J., R., & Stith, K. (1999). Measuring interjudge sentencing disparity: Before and after the federal sentencing guidelines. *The Journal of Law and Economics,* 42(S1), 271-308.

[13] Kahneman, D., Rosenfield, A. M., Ghandi, L., & Blaser, T. (2016). Noise: How to Overcome the High, Hidden Cost of Inconsistent Decision Making. *Harvard Business Review, October 2016*. Retrieved from: https://hbr.org/2016/10/noise

[14] Cabinet Office & Institute for Government (2010). *MINDSPACE*. Retrieved from: http://www.behaviouralinsights.co.uk/publications/mindspace/

[15] Behavioural Insights Team (2014). *EAST: Four simple ways to apply behavioural insights*. Retrieved from: http://www.behaviouralinsights.co.uk/publications/east-four-simple-ways-to-apply-behavioural-insights/

Improving Communications in Children's Social Care in the Tri-Borough

A proposal from the Behavioural Insights Team

April 2017

Table of Contents

1 Summary

One of the most important responsibilities of local authorities is safeguarding society's most vulnerable children. Pressures on children's social care teams across the country are increasing, as the number of Child Protection Plans and Looked After Children has risen in every year since 2010.[1] Over the same time period, local authorities' budgets have been cut by 26%.[2] As a result children's social care teams have been searching for ways to become as effective as possible. As we outline below, improving routine communications used by children's social care teams can help to achieve this.

Based on scoping work done for London Councils in 2016 we have identified two ways that behavioural insights could improve outcomes using routine communications in children's social care in the Tri-Borough. These are:

1. **Increasing the uptake of Early Help services by families who have received written invitations.** One way that local government is becoming more effective is by focusing on preventative services, which are often much more cost effective than acute services. Children's services departments have been doing this by investing in Early Help services, which aim to work with families when there are indicators of emerging difficulties in order to prevent escalation to acute services. Because these services are not mandatory they are only effective if people decide to use them. This relies on the quality of the communication between the Council and potential service users.

2. **Increasing foster care recruitment by improving recruitment materials.** Councils have been considering how to continue to provide services for reduced costs. One way to do this is to increase in-house foster care provision. Placing children with foster carers is significantly cheaper than placing them in residential care and provides the child with more personal attention and care. The effectiveness of recruiting foster carers also relies in large part on the effectiveness of a council's communications.

BIT believes that the response to these communications could be improved with the inclusion of behavioural insights. Behaviourally informed improvements of communications have been proven effective in many different fields. For example, BIT has used behaviourally informed communications to increase the number of students from disadvantaged backgrounds to apply to and attend university,[3] to increase legacy giving,[4] to reduce fly-tipping,[5] to improve gender equality in recruitment,[6] to increase teacher recruitment and motivation,[7] to increase charitable donations in the workplace,[8] and to increase organ donation registrations.[9]

It should be noted that on March 27ᵗʰ, 2017, the Tri-Borough announced that certain service sharing arrangements will likely be withdrawn. We have discussed this development with the interim director of Children's Services across the Tri-Borough, and do not believe this impact our ability to deliver this work.

As a result, BIT propose to work with the Tri-Borough to improve these two routine communications by children's social care teams. The total project cost is **£63,309** plus VAT. The specific start date and duration of the project will be determined in partnership with the Tri-Borough. BIT will work with the Tri-Borough and London Councils to ensure the findings can be effectively communicated and shared across London. The rest of this document sets out the proposed approach, timescales and a detailed breakdown of costs.

2 The Behavioural Insights Team

The Behavioural Insights Team (BIT) is a unique company. We started life in 2010 inside the Prime Minister's Office in Downing Street, as the world's first government institution dedicated to the application of behavioural sciences. We are now a world-leading consulting firm whose mission is to help organisations in the UK and overseas to apply behavioural insights in support of social purpose goals.

BIT combines a rich understanding of the behavioural sciences with a deep knowledge of specific public policy areas. By applying the necessary pragmatism to make things happen inside government, the team has had substantial policy successes in the UK and overseas, including reducing absenteeism in further education colleges, reducing hospital appointment non-attendances, and increasing the number of organ donor registrations.[10] At the heart of this approach is rigorous testing and trialling that enables us to know which intervention is most effective.

3 Project Background

In July 2016, the London Councils Capital Ambition Board (CAB) commissioned BIT to conduct a programme of work to test behavioural insights across London. This programme included two randomised controlled trials (RCTs) in Croydon, one focused on improving recycling rates and one on reducing housing benefit overpayments. In addition, BIT developed four scoping documents in more complex areas to assess the potential for behavioural projects in each. One of these was children's social care where we worked with the Tri-Borough. In December 2016, we presented this work and recommended that the CAB

consider proposals for children's social worker decision making and enhancing secondary services. This document is a proposal for the second of those.

We recommended two streams of work to enhance secondary services:

1) Increasing uptake of Early Help services to reduce future referrals and prevent families with issues from escalating to the point where they meet statutory thresholds
2) Increasing foster carer recruitment to enable the Tri-Borough to safely place more children with foster carers.

Each of these projects would involve improving routine communications by the Tri-Borough children's social care teams.

4 Project Approach

Applying behavioural insights to improve communications is a tried and tested approach. For example, BIT has changed communications to increase the number of students from disadvantaged backgrounds to apply to and attend university,[3] to increase legacy giving,[4] to reduce fly-tipping,[5] to improve gender equality in recruitment,[6] to increase teacher recruitment and motivation,[7] to increase charitable donations in the workplace,[8] and to increase organ donation registrations.[9] Here we set out our approach to changing routine communications from children's services departments.

It should be noted that on March 27th, 2017, the Tri-Borough announced that certain service sharing arrangements will likely be withdrawn. We have discussed this development with the interim director of Children's Services across the Tri-Borough, and do not believe this impact our ability to deliver this work.

4.1 Increasing uptake of Early Help

'Early Help' aims to support families before they are in crisis. It is a broad term that covers a range of services. Through the Early Help offering, families can, among other things, receive parenting classes, get connected to children's centres, and receive legal advice. Early Help workers also coordinate wider services for families.

Although many families are referred to Early Help services each year, uptake is voluntary and is relatively low. Increasing take up of these services could help families avoid crisis and therefore reduce demand on the children's social care system in the medium term. For example, parenting programmes can help prevent their children from developing a conduct disorder at a low cost.[11]

The Early Help teams in each of the Tri-Borough areas use letter templates to encourage families to reach out, or to schedule appointments. These templates are adjusted by the case workers depending on the specific circumstances of the referral. While the personalisation of letters reflects good practice according to behavioural science, there are various ways the letters can be made more engaging and clearer. For example:

- **They could provide a clear call to action.** Surprisingly often, communications meant to get people to take up a certain behaviour are simply not clear enough in what they want people to do. For example, in Australia BIT improved payment rates of fines by making it clearer that the letters people received was, in fact, a fine that had to be paid.[10]
- **Encourage parents to take up services by helping them reflect on what they value about parenthood.** People who are part of a group that is often stereotyped have been found to behave accordingly to that stereotype more often when actively reminded of how they are seen – a phenomenon called 'stereotype threat'.[12] However, this phenomenon can be overcome by getting people to focus on their individual values. BIT helped increase BME police recruits to perform well on the entry test, by asking them to focus on their values and why they wanted to be a police officer.[13]
- **Help them make clear plans for how and when to engage with services.** Detailed plans that take the shape of 'if-then' have been used in a variety of settings to help people overcome obstacles and follow through on plans.[14] It is important, here, to break down the process into small steps (e.g. submitting completed application materials).
- **By making it much easier to find relevant information** such as what the various resources can help with and how best to contact them. Even small 'friction costs' reduce the likelihood that people engage in desired behaviours.[10] Making sure the most relevant information is easily visible and clear takes a small burden off the recipient of the letter.

BIT will focus in particular on the initial means of contact used by Early Help teams, as these first impressions can be crucial in getting families to engage.

4.2 Foster carer recruitment

Increasing foster care recruitment also has the potential to be immensely impactful. Safeguarding children in full time residential care is very expensive for local authorities. If these children could be placed with foster carers, they would receive more individualised care at a much lower cost.

Unfortunately, like other local authorities, the Tri-Borough doesn't have enough foster carers to meet demand. It tends to recruit 10-15 new foster carers a year. Low numbers are partly due to the low conversion rate of applications; currently around 3%. This is partly a structural issue: the majority of applicants are not actually eligible because they do not have a spare room or have a criminal record.

The other reason that recruitment is low is that becoming a foster carer is a very significant commitment which many people will not consider.

The foster care recruitment team currently use leaflets that existing foster carers can give to people they know who might be interested in fostering. These are of particular interest to BIT, as this type of communication implicitly uses a network nudge approach.[8] When people receive messages from people they know and trust, rather than from organisations or people they don't know, they respond differently. This is called the messenger effect.[11] This network nudge approach can be used to target people who are more likely to meet eligibility criteria, and who are more likely to take harder placements (because they are more familiar with fostering).

In addition to leveraging the messenger effect, BIT could investigate the best way to frame the financial rewards of fostering. In particular, the current policy offers financial rewards for foster carers when someone they have referred goes through the different stages of the application process. Behavioural science literature shows that the same reward can be more or less effective depending on how it is used. For example, pooling money into lotteries with a high possible pay-out (as opposed to giving everyone an equal, smaller amount) seems to be more effective in some cases.[10] In addition, financial rewards for behaviour that we normally see as 'doing something good' can backfire and make people actually less likely to engage in the desired behaviour.[15]

For these reasons, we will focus on the fostering 'network nudge' recruitment communication.

4.3 Evaluation

When possible, BIT seeks to evaluate its interventions using randomised controlled trials (RCTs). In such a trial, we randomly select the population into two groups that are, because of the randomisation, as similar as possible. We then apply our intervention to one group and not the other, so that we can measure the causal impact. This allows us to detect when an effect is due to the intervention, but also when an effect is simply reflecting broader trends. RCTs work well for determining causality of a small, discrete change, and are generally used to test medications.

To ensure that the effects are not due to random chance RCTs require a large population to draw and randomise from. For this reason, we believe it will likely not be possible to run an RCT in these areas. However, improving outcomes in children's services would lead to very high social impact and we are keen that behavioural insights plays its role. Therefore, we will seek other ways to measure changes as robustly as possible.

Because more people will be directed to Early Help we expect a more quantitatively robust approach to be possible in this area. The feasibility of an
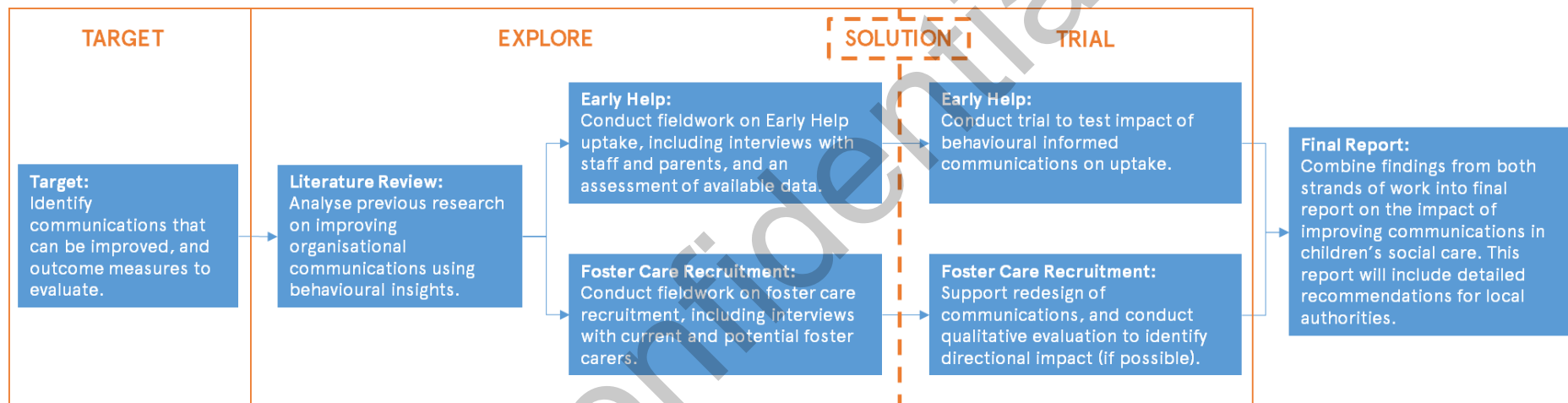
RCT in that space depends on the number of people that are invited to and take up Early Help services, the level of cooperation and coordination between these services, and the quality of data that is captured (e.g. is there a register of who has contacted each services). If an RCT is possible in that space we will conduct one. If not, the evaluation of the trial in this area could rely on a quasi-experimental design such as comparing changes in take up to other London Boroughs.

The extremely low numbers of foster carers recruited each year make robust quantitative analysis difficult. We will aim to measure changes in levels of interest or recruitment over time although it is unlikely we will be able to firmly attribute changes to the intervention. For example, while none prove causality we could compare the evidence from pre/post comparison, correct for seasonal trends, and compare to trends in similar Boroughs (possibly through a difference-in-difference analysis). Alongside this, we will conduct a qualitative evaluation to better understand why people decided to pursue or not pursue becoming a foster carer.

In both Early Help and Foster carer recruitment we are aiming to begin to build the evidence on what works. The evidence we gather could make the case for a large-scale trial in the future.

5 Project Overview

This project will focus on improving communication materials in two different parts of the children's social care system. Several stages of BIT's project approach (which we describe further in the Methodology section, below) can be combined to reduce the relative cost of the project. The below chart provides an overview of BIT's approach to the project:

TARGET	EXPLORE	SOLUTION	TRIAL	
Target: Identify communications that can be improved, and outcome measures to evaluate.	**Literature Review:** Analyse previous research on improving organisational communications using behavioural insights.	**Early Help:** Conduct fieldwork on Early Help uptake, including interviews with staff and parents, and an assessment of available data. **Foster Care Recruitment:** Conduct fieldwork on foster care recruitment, including interviews with current and potential foster carers.	**Early Help:** Conduct trial to test impact of behavioural informed communications on uptake. **Foster Care Recruitment:** Support redesign of communications, and conduct qualitative evaluation to identify directional impact (if possible).	**Final Report:** Combine findings from both strands of work into final report on the impact of improving communications in children's social care. This report will include detailed recommendations for local authorities.

6 Methodology

The Behavioural Insights Team uses a bespoke methodological approach. It includes four key components as follows, with the weighting of each tailored to the needs of each project:

1	?	**Target**
2		Explore
3		Solution
4		Trial

6.1 Target

The first stage is to define the problem and, importantly, be clear about the measurable outcome that we are aiming to achieve. This is informed by available data sources that can help determine impact. We think carefully about what the specific behaviours are that we would like to encourage, those we would like to discourage, and how the social impact of these changed behaviours can be measured. In addition, we set timeframes within which we expect to detect an impact.

During the work we have done with the Tri-Borough in the past months, we have started to develop useful potential target measurements. We will explore the following outcome measures:

Early Help

1. Response rate to materials;
2. Percentage of invited families that take up Early Help offering;
3. Percentage missed appointments;
4. Duration of engagement with Early Help; and
5. Re-referral rates into social care (e.g. longer term outcomes).

Fostering

6. Initial expressions of interest;
7. Percentage of applicants progressing to each stage;
8. Number of foster carers recruited;
9. Percentage of new foster carers that take on more challenging placements;

10. Percentage of applicants that meet recruitment criteria (e.g. that have spare room and do not have a criminal record); and
11. Perceived support by social workers, and their perceived readiness.

We are still considering whether we will measure these on an aggregate level or track people that received the new communication through the system.

Once this work is approved BIT can commence more rigorous assessment of the available data to ensure that the outcome measures we identified are (or can be) captured accurately. In addition, we will investigate which secondary measures may be useful to shed light on the mechanics underlying the behaviours in each area.

6.2 Explore

The next phase involves in-depth exploration of the service(s) or organisation(s) with which we will work. There are two parts to this – to understand the perspective of the end-user, and to understand the system in which existing interventions relevant to the policy area are delivered.

To do this, we draw on the lessons of 'design-thinking' and ethnography, spending time observing end-user behaviour, mapping out contact points between the provider and the end user, and interviewing end users, front-line staff and other stakeholders. In addition, we analyse any historic and cross-sectional data available that describes the problem identified in the Target phase.

The Explore phase will include a review of the academic literature on behaviourally informed communication materials that will inform both strands of work. It will also include further fieldwork and research into the specific context in the Tri-Borough. This will be done separately for the Early Help team and the foster carer recruitment team. For Early Help this fieldwork will include looking at the existing communication materials, speaking to service users, and speaking to representatives for the services on offer.

For foster carer recruitment, we will also conduct interviews with current and potential foster carers as well as the staff in the recruitment teams to inform our recommendations. We will also review the current communication, and the other materials new foster care applicants are given.

6.3 Solution

The third phase is to design the intervention. The Behavioural Insights Team uses a variety of tools and processes to design behavioural interventions, including:

   a. Drawing on the existing evidence base. The Behavioural Insights Team library of behavioural effects is a constantly updated resource of the most robust findings from the fields of behavioural economics and experimental psychology;

b. Using MINDSPACE and EAST, two published frameworks developed by The Behavioural Insights Team to develop new ideas, applications and adaptations to existing policies / processes;

c. Employing the institutional knowledge and experience of The Behavioural Insights Team. We have conducted more randomised controlled trials in the last three years than the whole of the UK Government combined in its history. These trials cover a broad range of policy areas, and the resulting data and case studies on what has worked elsewhere are a valuable tool when approaching new problems.

Applying behavioural insights to communications to improve outcomes is a tried and tested approach, that has been proven successful in areas ranging from increasing tax payments[10] and charitable donations[8] to getting more people to register as organ donors.[9]

Lessons from these trials, and from the behavioural insights literature, will inform our Solution phase. For example, we will consider alternative motivations for becoming a foster carer which we have successfully used to increase the recruitment of teachers.[7] In 2015, BIT supported the Somerset Challenge – a school-led collaborative partnership that sought (among other things) to increase teacher recruitment in rural areas of Somerset. We tested communications focused on the social impact of working as a teacher ("are you ready to make a difference"), as well as ones that highlighted the challenge of teaching ("are you up for the challenge"). Perhaps surprisingly, engagement by potential recruits who had just been told how challenging the job is was almost 70% higher (6.2% of those whoe received the 'challenge' email clicked through, compared to 3.6% with the 'pro-social' email).

6.4 Trial

In the final phase of our methodology, we design an evaluation to determine the impact of the intervention. For this project we do not expect a randomised controlled trial to be possible. However, we will evaluate impact as robustly as possible.

In Early Help we expect a quantitative evaluation to be possible. We will pursue the most rigorous evaluation method feasible. The exact approach will be driven by the data available once BIT and the Tri-Borough have established a data-sharing agreement. If a randomised controlled trial is not possible, we will consider a number of quasi-experimental methods including difference-in-difference analysis, a step-wedged trial design, and pre-post analysis.

In foster care recruitment, it will not be possible to conduct an RCT due to the low numbers of approved foster care applications each year. However, BIT has extensive expertise in evaluation of complex areas, and we will pursue the most rigorous evaluation possible. Because quantitative analysis is less likely to provide

definitive answers due to the low numbers, BIT will combine this with a qualitative evaluation that will help inform our recommendations.

7 Project Plan

The table below outlines the key stages of the project.

	Task	Description	Days
Phase 1: TARGET		BIT and the Tri-Borough are in agreement on the broad outcomes that we seek to achieve – increasing the proportion of contacted parents who take up Early Help services, and improving the Tri-Borough's foster carer recruitment (e.g. by increasing initial expressions of interest, and/or by having a higher conversion rate from communications). Our time at this stage will be spent understanding the exact way that we can measure these outcomes and ensuring we will have access to the data we need to analyse our results.	7
1.1	Clarify objectives		
1.2	Define data requirements		
Phase 2: EXPLORE		We will conduct a combination of field and desk research to understand the context of the project, including: ● An evidence review of the existing literature on improving clarity of and engagement with routine communications by professionals. ● Visits to partner settings to identify opportunities and feasibility of interventions. This will include visits to the Early Help providers, and conversations with foster carers and the foster care recruitment team. ● Meetings with key stakeholders to identify the feasibility of introducing interventions and to make sure that any changes align with priorities of the Tri-Borough and London Councils. ● Analysis of currently held data by the Tri-Borough to inform the intervention and evaluation design.	22
2.1	Literature review		
2.2	Field research		
Phase 3: SOLUTION			13.5

3	Intervention design	During this stage, we draw on our MINDSPACE[16] and EAST frameworks[10] alongside the relevant behavioural science literature. Alongside the Explore phase this will enable us to generate an evidence based and feasible approach to achieving the outcome. In this case that will be new letters for both the Early Help team and also the foster carer recruitment team.	
Phase 4: TRIAL		We will write a trial protocol which will set out how the interventions will be implemented and evaluated. We will also project manage the roll-out of the interventions. Once the evaluation is complete our specialist research team will analyse the data in line with the trial protocol and we will draft a trial report which will summarise the headline findings.	**21**
4.1	Power calculations		
4.2	Trial protocol		
4.3	Implementation		
4.4	Data analysis		
Phase 5: Governance, Reporting & Quality Assurance		We will prepare a final report bringing together all our work on the project, including the fieldwork, literature review, detail of the solution and the evaluation. Findings will be published by BIT, and BIT will work with the CAB to ensure the CAB can share relevant findings across the local government sector in London.	**10**
5.1	Preparing and delivering final report		
5.2	Preparing and delivering final presentation		
5.3	Monitoring and QA	Throughout the project, we will apply BIT's internal project oversight and quality assurance procedures. An internal policy expert who is not part of the project team will be assigned as Quality Assurance (QA) lead, while our Head of Research will oversee the data analysis. When the final report is in the final stage of preparation it will be reviewed by the QA lead, who will have to sign off the work. At this stage, the report will also be shared with Tri-Borough for comment.	**10**
5.4	Project oversight		

8 Deliverables

BIT will deliver the following to the Tri-Borough and the CAB:

1) An overview of the academic literature on effective communication by children's services. This literature review will inform our intervention design, and will be delivered before the implementation of the trial.
2) Behaviourally informed communication materials for the foster carer recruitment team, that can be used to replace current materials. These updated materials will be accompanied by a short note highlighting the reasoning behind the changes, including references to relevant literature.
3) A description of the Early Help trial for the Tri-Borough to sign off, outlining the proposed evaluation in detail including the intervention to be trialled, implementation plans and a pre-specified evaluation plan. Sign off of this document will ensure that there is agreement on the approach that will be taken as well as the method of evaluation.
4) A final report describing this project, including the fieldwork and intervention design in the Early Help teams and the findings from the trial. This final report will conclude with a list of recommendations for improving children's social care routine communications more broadly, with a particular focus on how the findings from this project can be applied in other authorities.

9 Timetable

As outlined in the project plan, some of the exploration work for these projects has already taken place.

Month	1	2	3	4	5	6	7	8	9	10	11	12
Fieldwork *Both projects*	■	■										
Review of literature *Both projects*	■	■										
Design trial *Early Help*			■	■								
Consult on process (& design pilot) *Foster Care Recruitment*			■	■								
Test new approach[1] *Early Help*					■	■	■	■	■			
Test new approach *Foster Care Recruitment*						■	■	■				
Qualitative evaluation (of pilot) *Foster Care Recruitment*									■			
Analyse findings *Both projects*										■		
Write up final report *Both projects*											■	
QA *Both projects*												■
Comments from partners *Both projects*												■
Provide final report to partners *Both projects*												■
Present to the Capital Ambition Board *Both projects*												■

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[1] Depending on the chosen design of the trial and the pilot, the projects may need to run for longer than 5 months.

10 Contract charges

Job title	Day rate	No. days	Total cost
Managing Director	£1,846	1	£1,846
Head of Research	£881	1	£881
Principal Advisor	£881	5.5	£4,846
Senior Advisor	£881	21	£18,501
Advisor	£677	9	£6,093
Associate Advisor	£677	34	£23,018
Research Fellow	£677	12	£8,124
		83.5	£63,309

11 Personnel

11.1 Project Team

Michael Hallsworth – Managing Director – CHEER cluster
Michael is Director of Health and Tax at the Behavioural Insights Team. He has worked on health policy issues with the Department of Health, NHS England, Public Health England, the European Commission, and the World Economic Forum. He was previously a Senior Policy Advisor at the Cabinet Office and, while at HMRC, he won a Civil Service Award for running large-scale randomised controlled trials applying behavioural economics to increase tax collection. When at the Institute for Government he co-wrote the MINDSPACE report, which is one of the main frameworks used by the UK government to apply behavioural thinking to public policy. He has a PhD in behavioural economics from Imperial College London, and a First Class MA and MPhil from the University of Cambridge. He has been published in *The Lancet,* the *Journal of Public Economics*, the *Journal of Economic Psychology,* the *Journal of Health Systems Research and Theory*, the *Oxford Review of Economic Policy* and *PLOS One.*

Tim Pearse – Senior Advisor - Head of Local Government
Tim is a Senior Advisor and leads BIT's work with local government. Prior to joining BIT he worked as a Senior Strategy Adviser on public service reform in the Cabinet Office including on social investment and payment by results. This included working across central and local government to set up multi-million pound programmes to pilot innovative approaches with hard to reach groups such as young homeless people and children in care. Prior to that he held posts at the Home Office both as an economist and in policy. He holds an MSc in economics from University College London.

Andy Hollingsworth – Senior Advisor

Andy is a Senior Advisor in BIT UK:North, based in Manchester. He works on a range of projects across local public services, focusing on the areas of skills and economic development, adult social care, and children's services. Prior to joining BIT, Andy worked in local government, most recently as Senior Policy Advisor at the Society of Local Authority Chief Executive (Solace). He studied Mathematics and Philosophy at the University of Bristol.

Pieter Cornel – Associate Advisor

Pieter is an Associate Advisor working in the local government team within the CHEER cluster. He has worked on projects related to public health, including obesity prevention and vaccination uptake, as well as recycling behaviours, children's social care, and adult social care. Pieter holds an MSc in Media and Communication from the London School of Economics, and a BA in International Relations and Philosophy from Claremont McKenna College in Claremont, California.

11.2 Research

Martin Sweeney - Advisor

Martin is an Advisor at BIT and works on the Research team. Before joining the London office, he was part of BIT North America where he designed and analysed low-cost evaluations in six US cities through the What Works Cities initiative. His US city research includes projects which relate to revenue collection, charitable giving and take-up of tax breaks. Martin has also worked in international development as a Research Analyst at Innovations for Poverty Action, where he managed and analysed data for a number of randomised controlled trials. Martin holds a BA with honours from Middlebury College with majors in Economics and Environmental Studies.

Jessica Heal - Advisor

Jessica specialises in qualitative research and evaluation methods, with a particular interest in conducting research with young people and vulnerable groups and has published on the topic. She has a background in education having previously taught languages and worked in the research team at Teach First. She holds a master's in Education and is currently undertaking a PhD at the University of Manchester.

11.3 Quality Assurance

Michael Sanders – Head of Research and Evaluation

Michael Sanders is the Head of Research at the Behavioural Insights Team. His team supports the Behavioural Insights Team's evaluation capabilities, in particular the use of randomised controlled trials to test public policy interventions. Michael has extensive experience, having run over 150 field trials whilst working with the team, across a diverse range of policy areas. Michael holds an MSc in Economics and Public Policy, and a PhD in Economics, both from the University of Bristol, and completed postdoctoral studies at Harvard's Kennedy School of Government. He is currently an Associate Fellow

at Oxford's Blavatnik School of Government, where he lectures in Behavioural Science and Policy.

Hugo Harper

Hugo is a Principal Advisor in the Behavioural Insights Team with a focus on health policy. As well as working closely with the Department of Health and Public Health England in the UK he has spent time in both Singapore and Australia developing the adoption of a more behavioural approach to policy implementation. Hugo holds an MSc, with distinction, in Behavioural and Economic Sciences from the University of Warwick, as well as a BA in Psychology and Physiology from Oxford University. Before joining the team Hugo worked for Q5 Consultants.

12 Endnotes

[1] Department for Education (2015). *Characteristics of children in need: 2014 to 2015*. Retrieved from: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/469737/SFR41-2015_Text.pdf

[2] Smith, N., Phillips, D., Simpson, P., Eiser, D., Trickey, M. & Payne, J. (2016). *A time of revolution? British local government finance in the 2010s*. London: Institute for Fiscal Studies.

[3] Behavioural Insights Team (2017). *Encouraging people into university*. Retrieved from: http://www.behaviouralinsights.co.uk/publications/encouraging-people-into-university/

[4] Behavioural Insights Team (2016a). *Legacy Giving and Behavioural Insights*. Retrieved from: http://www.behaviouralinsights.co.uk/publications/legacy-giving-and-behavioural-insights/

[5] Behavioural Insights Team (2016b). *Behavioral Insights for Cities*. Retrieved from: http://www.behaviouralinsights.co.uk/publications/behavioral-insights-for-making-cities-better/

[6] Behavioural Insights Team (2015a). *A head for hiring: the behavioural science of recruitment*. Retrieved from: https://www.cipd.co.uk/knowledge/culture/behaviour/recruitment-report

[7] Behavioural Insights Team (2015b). *Behavioural Insights and the Somerset Challenge*. Retrieved from: http://www.behaviouralinsights.co.uk/publications/behavioural-insights-and-the-somerset-challenge/

[8] Behavioural Insights Team (2013a). *Applying Behavioural Insights to Charitable Giving*. Retrieved from: http://www.behaviouralinsights.co.uk/publications/applying-behavioural-insights-to-charitable-giving/

[9] Behavioural Insights Team (2013b). *Applying Behavioural Insights to Organ Donation*. Retrieved from: http://www.behaviouralinsights.co.uk/publications/applying-behavioural-insights-to-organ-donation/

[10] Behavioural Insights Team (2014). *EAST: Four simple ways to apply behavioural insights*. Retrieved from: http://www.behaviouralinsights.co.uk/publications/east-four-simple-ways-to-apply-behavioural-insights/

[11] Edwards, R. T., Céilleachair, A., Bywater, T., Hughes, D. A., & Hutchings, J. (2007). Parenting programme for parents of children at risk of developing conduct disorder: cost effectiveness analysis. *BMJ*, *334*(7595), 682.

[12] Steele, C. M., & Aronson, J. (1995). Stereotype threat and the intellectual test performance of African Americans. *Journal of personality and social psychology*, *69*(5), 797.

[13] Behavioural Insights Team (2015c). *The Behavioural Insights Team Update Report: 2013-2015*. Retrieved from: http://www.behaviouralinsights.co.uk/publications/the-behavioural-insights-team-update-report-2013-2015/

[14] Gollwitzer, P. M. (1999). Implementation intentions: Strong effects of simple plans. *American psychologist*, *54*(7), 493.

[15] Titmuss, R.M. (1970). *The Gift Relationship*. London: Allen and Unwin.

[16] Cabinet Office & Institute for Government (2010). *MINDSPACE*. Retrieved from: http://www.behaviouralinsights.co.uk/publications/mindspace/

Applying behavioural insights to hospital discharge

A summary note for London Councils Capital Ambition Board, May 2017

Background

The Behavioural Insights Team (BIT) leads a programme of work for London Councils, under their Capital Ambition programme, which aims to foster innovation in local public service delivery using behavioural approaches. In late 2016, as part of this work, BIT conducted fieldwork in a major London hospital to explore how behavioural insights might help improve the discharge process or reduce unnecessary admissions. Following this we produced a scoping report with high level ideas for potential interventions. We identified areas where a behavioural intervention may be able to improve outcomes. Suggested areas for intervention included:

- Increasing uptake of falls prevention services

- Reducing readmissions by using tailored discharge plans

- Overcoming risk aversion in hospital staff and service users.

Following this initial scoping work, BIT engaged in discussion with the Chief Executive of Merton Council and the Sustainability and Transformation Plan (STP) lead for North East London to try and identify a partner for a project in this area.

Current position

Despite these conversations, it has not been possible to identify a clear owner/sponsor for a trial relating to hospital discharge. This is a time of considerable change for STPs and there was little appetite to engage in a behavioural stream of work relating to hospital discharge at present. Given the difficulty in identifying a clear partner for a project BIT are unable to provide a proposal to be considered by the CAB at the 16 May Board meeting.

We recognise that as the implementation of STPs gets underway there may be increased interest in the potential of behavioural insights to progress the aims and desired outcomes of STPs.

Next steps

Although BIT is unable to guarantee whether a project will emerge, we will continue to explore the possibility of running a project in this area in North East London STP and will update London Councils if an opportunity emerges.